

AUTO CR - LOG SUMMARY #1075100

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that while attempting to execute a search warrant, the involved officer discharged his weapon at a dog that charged at him.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MOSTEK, CARLOS M	[REDACTED]	009 /	LIEUTENANT OF POLICE	M	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
10-MAY-2015 12:00 - 10-MAY-2015 12:00	[REDACTED]	0715	007	090 - APARTMENT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Involved Member	KILLEN, KEVIN M	2016	[REDACTED]	009 / POLICE OFFICER	M	W/H

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	KILLEN, KEVIN M	2016	[REDACTED]	009 / POLICE OFFICER	M	W/H		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	11-DEC-2015 02:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	11-DEC-2015 02:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-JUN-2015 11:39	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	09-JUN-2015 10:39	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	11-MAY-2015 07:23	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	synoptic report, drug alcohol testing
PENDING SUPERVISOR REVIEW	10-MAY-2015 10:30	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-MAY-2015 10:30	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-MAY-2015 10:27	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-MAY-2015 02:01	LYONS, KRISTI	INVESTIGATOR 3 COPA	113 /	Reference RD [REDACTED]

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LYONS, KRISTI	10-MAY-2015 02:01			
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED] Search Warrant Data	N	CLARK, TAMMY	10-MAY-2015 10:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	[REDACTED] Inventory List	N	CLARK, TAMMY	10-MAY-2015 10:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		17	PO Killen	N	QUERFURTH, PATRICK	09-JUN-2015 10:39	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED]	N	CLARK, TAMMY	10-MAY-2015 10:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED] Pictures	N	CLARK, TAMMY	10-MAY-2015 10:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Killen, #6535	N	CLARK, TAMMY	10-MAY-2015 10:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Killen, #6535	N	CLARK, TAMMY	10-MAY-2015 10:21	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 10-MAY-2015) - LOG #1075100

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MOSTEK, CARLOS M	[REDACTED]	009 /	LIEUTENANT OF POLICE	M	S		

Incident Information

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Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	10-MAY-2015 14:01	LYONS, KRISTI	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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Status History

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PRELIMINARY	10-MAY-2015 02:01	LYONS, KRISTI	INVESTIGATOR 3 COPA	113 /	Reference RD HY254508

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C



INCIDENT	APPROVAL COMPLETE			
	IUCR: 143a - Weapons Violation - Unlawful Poss Of Handgun			
NON-OFFENDER(S)	Occurrence Location:	Beat: 0715	Unit Assigned: 0963A	RO Arrival Date: 10 May 2015 12:00
	090 - Apartment Occurrence Date: 10 May 2015 12:00		# Offenders: 1	
SUSPECT(S)	VICTIM - Individual			Police Officer
	Name: P.O. LARMON #16282 3120 S Halsted St Chicago, Illinois 60608 Sobriety: Sober CPD Officer: Yes			
	Name: P.O. KILLEN #6535 3120 S Halsted St Chicago, Illinois 60608 Sobriety: Sober CPD Officer: Yes			Police Officer
RELATIONSHIP	WITNESS - Individual			
	Name: [REDACTED] Res: [REDACTED] CPD Officer: No			Demographics Male White Hispanic DOB: [REDACTED] Age: 27 Years
Suspect # 1				
Name: [REDACTED] Res: [REDACTED]		Beat: 0715	Demographics Male White 6'01, 205 lbs , Brown Eyes Brown Hair Bald Hair Style Light Complexion DOB: [REDACTED] Age: 35 years	
P.O. LARMON #16282 P.O. KILLEN #6535		(Victim)	is a No Relationship of [REDACTED] (Offender) [REDACTED] (Offender)	
RD# [REDACTED]				

Chicago Police Department - Incident Report

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

OTHER PROPERTIES

Property #1

Possessor/User: P.O. Killen #6535,

Used as Weapon? No

Taken/Stolen? No

Recovered? Yes

Description: Ammunition - Live Rounds, 1
Spent Cartridges, 9 Mm Caliber,
Spent 9mm Shell Casing

Inventory # [REDACTED]

Owner: P.O. Killen #6535

NOTIFICATIONS

Request Type	Unit	Agency Name	Date
Notification	116	Deployment Operations Center	10 May 12:08

Other Notifications May Be In Narrative.

Notification	O.E.M.C.	10 May 12:00	ZONE 6,
Notification	177	Forensic Services Division	ET. BT. 5880,

NARRATIVES

EVENT [REDACTED] IN SUMMARY: R/O'S CONDUCTED A SEARCH WARRANT UNDER 15SW5790 AT ABOVE LOCATION. R/O'S APPROACHED THE TARGET LOCATION AND KNOCKED SEVERAL TIMES AND ANNOUNCED THEIR OFFICE. AFTER NO ANSWER AFTER REPEATED KNOCKING ATTEMPTS, R/O'S MADE FORCED ENTRY AT WHICH TIME THEY WERE CONFRONTED BY WITNESS AND A WHITE AND BROWN PIT BULL. R/O'S GAVE REPEATED COMMANDS TO WITNESS TO SECURE DOG AT WHICH TIME HE REFUSED TO SECURE DOG. SAID PIT BULL THEN CHARGED R/O'S RESULTING IN R/O KILLEN FIRING (1) ROUND AT PIT BULL STRIKING THE DOG IN FACE. R/O'S WERE THEN ABLE TO SECURE WITNESS AND PIT BULL AND SECURE RESIDENCE. TARGET OF SEARCH WARRANT WAS NOT IN RESIDENCE AND A SYSTEMATIC SEARCH OF RESIDENCE PRODUCED NEGATIVE RESULTS. AT THIS TIME WITNESS RELATED: "IF YOUR LOOKING FOR MY COUSIN [REDACTED], HE JUST MOVED OUT AND I JUST MOVED IN." WITNESS FURTHER RELATED THAT HE JUST FOUND THE DOG (3) MONTHS AGO ON THE STREET AND THAT HE DID NOT HAVE VALID CITY DOG LICENSE FOR SAID DOG. WITNESS ISSUED AN ANOV. BT. 700 NOTIFIED AT 1205 HRS. BT. 900 ON SCENE. ANIMAL CARE AND CONTROL ON SCENE FOR DOG REMOVAL.

NOTIFICATION: DISTRICT DESK GIGLIO Beat#: 701 Star#: 2263 Emp#: Date: 10-MAY-2015 Time: 1205 NOT
 NOTIFICATION: DISTRICT DESK PTASZKOWSKI Beat#: 0901 Star#: 1348 Emp#: Date: 10-MAY-2015 Time: 1205 NOT
 - STAR#: 6535 NAME: KEVIN KILLEN BEAT: 0963A
 - STAR#: 13693 NAME: AARON CARRANZA BEAT: 0963B
 - STAR#: 6787 NAME: DANIEL SAMMON BEAT: 0963B
 - STAR#: 12794 NAME: DOMINGO ENRIQUEZ JR BEAT: 0963C
 - STAR#: 16145 NAME: ANDREW KEMPS BEAT: 0963B
 - STAR#: 13373 NAME: ANGEL COLON BEAT: 0963C
 - STAR#: 2699 NAME: MIGUEL DE LA TORRE BEAT: 0963
 - STAR#: 196 NAME: CARLOS MOSTEK BEAT: 0960
 - STAR#: 12474 NAME: VENUS RODRIGUEZ BEAT: 0712

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	16282	[REDACTED]	LARMON, Timothy, P	[REDACTED]	10 May 2015 16:01	009	0963A

Chicago Police Department - Incident Report

IUCR ASSOCs.

Victim	IUCR	Crime	Offender
P.O. LARMON #16282	143A	Weapons Violation - Unlawful Poss Of Handgun	[REDACTED]
P.O. KILLEN #6535	143A	Weapons Violation - Unlawful Poss Of Handgun	[REDACTED]

ACTICAL RESPONSE REPORT/Chicago Police Department

INFORMATION INVOLVED	1. DATE OF INCIDENT 10-MAY-2015	TIME 12:00:00	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE 290	4. BEAT/OCCUR. 0715																																																																					
	5. POSITION 9161	6. LAST NAME KILLENN	7. FIRST NAME KEVIN M	8. STAR NO. 6535	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 507	12. HT. 155	13. WT. 507																																																																				
	14. DATE OF APPT. 13-DEC-1999	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 009 0963A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																							
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE	25. D.O.B.	26. HT.	27. WT.																																																																					
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																										
	36. CHARGES PLACED				37. CB NO. <input checked="" type="checkbox"/> DNA	38. IR NO. <input checked="" type="checkbox"/> DNA																																																																							
	<table border="1"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAILANT:ASSAULT</th> <th colspan="2">ASSAILANT:BATTERY</th> <th colspan="2">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td rowspan="3">SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER PITBULL ATTACK <input type="checkbox"/></td> </tr> <tr> <td rowspan="8">MEMBER'S RESPONSE</td> <td>MEMBER PRESENCE <input type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input checked="" type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS <input type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td>WRISTLOCK <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> </tr> </tbody> </table>										PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE		SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER PITBULL ATTACK <input type="checkbox"/>	MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>	VERBAL COMMANDS <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____	OTHER _____		ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	OTHER _____	OTHER _____		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	OTHER _____	OTHER _____		CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	OTHER _____		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	
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40. ADDITIONAL INFORMATION				<p>DESPITE REPEATED WARNINGS BY OFFICER KILLENN FOR THE OWNER TO RESTRAIN HIS PITBULL DURING THE EXECUTION OF A SEARCH WARRANT, AND AFTER NOT COMPLYING, THE DOG CHARGED TOWARD R/O WHO FIRED A SINGLE SHOT AT THE VICIOUS ANIMAL STRIKING HIM ONCE IN THE HEAD.</p>																																																																									
41. POSITION <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				42. STAR NO. <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		43. UNIT <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		44. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		45. WEATHER CONDITIONS RAIN																																																																			
49. TASER DART ID NO. <input type="checkbox"/>				50. WEAPON SERIAL NO. (Include Letters) <input type="checkbox"/>		51. CHICAGO GUN REG. NO. <input type="checkbox"/>		52. IL FIREARM OWNER ID. NO. <input type="checkbox"/>		53. HANDGUN CERTIFICATE NO. <input type="checkbox"/>																																																																			
54. SPECIAL WEAPON CERTIFICATE NO. <input type="checkbox"/>				55. PROPERTY INVENTORY NO. <input type="checkbox"/>		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 1																																																																			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW																																																																			
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD: <input type="checkbox"/>																																																																													
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																																																																													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE						67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON: <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN						69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																							
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.																																																																													
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																													
73. REPORTING MEMBER (Print Name) KILLENN, KEVIN M 10-MAY-2015 14:47:48				STAR/EMPLOYEE NO. 6535		SIGNATURE <input type="checkbox"/>																																																																							
74. REVIEWING SUPERVISOR (Print Name) DE LA TORRE, MIGUEL				STAR NO. 2699		SIGNATURE <input type="checkbox"/>		DATE REVIEWED 10-MAY-2015 14:48:40		TIME 10-MAY-2015 14:48:40																																																																			

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Animal Destruction

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Reporting Commander conducted an investigation into the events surrounding the weapons discharge to destroy an animal(pitbull) during the execution of Serach Warrant [REDACTED]. Upon the execution of said search warrant, Officer Killen was confronted by the owner of the dog and the dog who was at his(the owner)side beginning to charge at officers. Despite repeated warnings by Officer Killen for the owner to restrain his dog, the dog charged. Fearing for his safety and the safety of fellow officers from attack, Officer Killen fired one shot striking the dog in the head. The dog retreated to a side bedroom located within the apartment and remained in room on a bed. Animal control was called who removed the dog. One shot was fired and all rounds are accounted for, casing recovered and inventoried under Inventory# [REDACTED]. Dog owner, [REDACTED] stated that he didn't restrain dog because he was confused, but didn't relate what he was confused about. The Reporting Commanders investigation determined that the Officer's actions were within the Department's Use of force Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1075100 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PANEPIINTO, LEO

SIGNATURE

DATE COMPLETED

TIME

10-MAY-2015 15:09:15

79. TOTAL TRR's THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION

INCIDENT INFORMATION

NAME (LAST - FIRST - M.I.)

KILLEN, KEVIN M

STAR NO.

6535

POSITION

POLICE OFFICER

DATE OF APPOINTMENT

13-DEC-1999

EMPLOYEE NO.

UNIT OF ASSIGNMENT

009

BEAT/CALL NO.

0963A

SEX 1. M 2. F RACE WHITE DOB [REDACTED]

HEIGHT 507 WEIGHT 155

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

1. ON DUTY

A. UNIFORM, PATROL DUTY
 B. UNIFORM, OTHER DUTY

Describe _____

C. CITIZEN'S DRESS

D. TACTICAL
 E. B.I.S. UNIT
 F. SPECIAL EMPLOYMENT
 G. OTHER _____

2. OFF DUTY

3. SPECIAL EMPLOYMENT
 4. SECONDARY / OTHER

WORKING:

A. ALONE
 B. WITH ONE PARTNER
 C. WITH MULTIPLE PARTNERS

How many? 8

PATROL TYPE:

A. SQUAD CAR
 B. FOOT
 C. BICYCLE
 D. APV/MOTORCYCLE
 E. SQUADROL
 F. OTHER **TACTICAL OFFICER**

TYPE OF ACTIVITY

A. AMBUSH -NO WARNING

B. TRAFFIC STOP/PURSUIT

C. INVESTIGATING SUSPICIOUS PERSON

D. DISTURBANCE - DOMESTIC

E. DISTURBANCE - MENTAL PATIENT

F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER

G. DISTURBANCE - OTHER

H. MAN WITH A GUN

I. PURSUING/ARRESTING OFFENDER (Specify)

CHARGE _____ IUCR CODE _____

J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)

ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____

K. OTHER

TYPE OF INJURY TO OFFICER

A. FATAL

B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)

C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)

D. NONE APPARENT/NONE

LIGHTING CONDITIONS AT INCIDENT

A. DAYLIGHT

D. DUSK

B. NIGHT

E. ARTIFICIAL LIGHT

C. DAWN

1. POOR

2. GOOD

1. INDOOR

2. OUTDOOR

ADDRESS OF OCCURRENCE

CITY CHICAGO

STATE (If outside Chicago)

LOCATION CODE

BEAT OF OCCURRENCE

290-RESIDENCE

0715

DATE OF OCCURRENCE

TIME

DAY OF WEEK

10-MAY-2015

12:00:00

SUNDAY

NO. OF OFFICERS BATTERED 1

WERE THERE ASSISTING UNITS ON SCENE? 1. YES 2. NO

IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT
AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 8

MANNER OF ATTACK

01. SHOT
 02. SHOT AT
 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

(Check all that apply):

A. FIREARM CALIBER
 D. HANDS/FISTS
 F. MOUTH (SPIT, BITE, ETC.)
 G. VERBAL THREAT (ASSAULT)
 H. OTHER (SPECIFY) _____

B. VEHICLE

1. OFFICER STRUCK WITH VEHICLE
 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE

C. KNIFE/OTHER CUTTING INSTRUMENT

I. BLUNT INSTRUMENT

FIREARM USE INFORMATION

(Check all that apply):

A. OFFICER AT GUNPOINT
 B. OFFICER'S OWN WEAPON OBTAINED
 C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX

1. M

RACE

DOB

CB NO.

IR NO.

WAS THE OFFENDER'S ACTIVITY:

DRUG RELATED?

1. YES
 2. NO
 3. UNKNOWN

GANG RELATED?

1. YES
 2. NO
 3. UNKNOWN

NO. OF OFFENDERS PRESENT?

1

WEATHER CONDITIONS

A. CLEAR

D. FOG / SMOKE / HAZE

G. OTHER

B. RAIN

E. SLEET / HAIL

C. SNOW

F. SEVERE CROSS WIND

APPROXIMATE OUTDOOR TEMPERATURE: 48 °F

Dog shot during the execution of a Search Warrant [REDACTED]

REPORTING MEMBER - SIGNATURE
KILLEN, KEVIN M

STAR NO.
6535

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PANEPIINTO, LEO

6

Home > eTrack > Inventory List Report

Inventory No.	Package No.	Incident No.	RD - RECORD DIVISION NUMBER
Unit of Inventory	Site	Description	
Date Recovered between	and	Beat	
Item No.	Serial No.	ISP Case No.	
Inventory Status	IUCR Code	Initial Destination	
Property Type			
Star No.	Employee No.	Name	
1st Officer's Unit	Description		
Currency Disposition	Search Warrant No.		
Gun Type	Firearm was in vehicle prior to seizure		
POD No.	POD Observations		
<input type="button" value="Clear"/> <input type="button" value="Search"/>			

TIP The Inventory Item Inquiry provides a report of inventory items which have been Submitted.
 Enter your search criteria and click the Search button. To view the details of an inventory, click the View link to the left of each inventory item.

TIP Serial Number search will also search the FSS Firearm Worksheet

Inventory Number	Package Number	Item Number	Incident Number	IUCR	Inventory Unit	Recovered Date	Status	Created By	Property Type	Description	Current Location Unit
View			143A DISTRICT 9		10-MAY-15	APPROVED				EXPENDED SHELL 9MM EXPENDED SHELL 009	
View			143A DISTRICT 9		10-MAY-15	APPROVED				OTHER DATA SHEET 009	
View			143A DISTRICT 9		10-MAY-15	APPROVED				SEARCH WARRANT 009	

row(s) 1 - 3 of 3

User: Module: Revision: 1.71

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SEARCH WARRANT DATA / Chicago Police Department

UNIT 009 DISTRICT 9	WARRANT TYPE SEARCH WARRANT	WARRANT NO. [REDACTED]
DECONFILCTION NO [REDACTED]	OPERATION NAME	ISSUED DATE 08-MAY-2015 18:28

PART I - TO BE COMPLETED PRIOR TO SEARCH WARRANT EXECUTION

JURISDICTION	NAME OF ATTORNEY (LAST, FIRST)	NAME OF JUDGE (LAST, FIRST)	EMP NO.
CITY	[REDACTED]	ALLEGRETTI,	[REDACTED]

OBJECT OF WARRANT

A blue stee semi-automatic handgun, any other weapons (firearms), ammunition, and any documents providing proof of residency.

PERSONNEL ASSIGNMENTS

NAME (LAST-FIRST-MI)	AGENCY NAME	STAR NO.	EMP NO.	ASSIGNMENT
LARMON, P, TIMOTHY	CPD	16282	[REDACTED]	AFFIANT
KEMPS, D, ANDREW	CPD	16145	[REDACTED]	BREECH
ENRIQUEZ JR, , DOMINGO	CPD	12794	[REDACTED]	ENTRY
CARRANZA, R, AARON	CPD	13693	[REDACTED]	ENTRY
KILLEEN, M, KEVIN	CPD	6535	[REDACTED]	ENTRY
SAMMON, F, DANIEL	CPD	6787	[REDACTED]	ENTRY
COLON, L, ANGEL	CPD	13373	[REDACTED]	EVIDENCE SUPERVISOR
MOSTEK, M, CARLOS	CPD	196	[REDACTED]	SEARCH TEAM SUPERVISOR
DE LA TORRE, , MIGUEL	CPD	2699	[REDACTED]	SUPERVISING SERGEANT OR AE

EQUIPMENT EXCEPTION

ITEMS FOR CONSIDERATION

1. Residency Check
2. Number of occupants anticipated:
 - a. adults, children, males, females
 - b. procedures if children or females are present
3. identity of occupants likely to be present (physical description, criminal history, etc.)
4. Condition of occupants (asleep, intoxicated, etc.)
5. Type of security on premises (animals, burglar gates, reinforced doors, lookouts, etc.)
6. Type of equipment needed:
 - a. miscellaneous items (handcuffs, flashlights, whistles, etc.)
 - b. specialized items (sledge hammer, crowbar, camera, binoculars, etc.)
7. Expectation of weapons present
8. Hazards particular to premises
9. Other relevant data
10. Duty Assignments:
 - a. positions
 - b. use of equipment
 - c. order of entry

Note: Officer's effecting forced entry should NOT be the first to enter the premises
- d. security of arrestees
- e. security of contraband seized
- f. security of Department equipment
- g. disposition of children under the age of 18 who may be neglected as a result of an arrest or otherwise
- h. radio procedures
- i. Notifications
- j. post-search premises security
11. Contingency plan

WARRANT STATUS

APPROVED-POST EXECUTION

UNIT COMMANDING OFFICER'S/WATCH COMMANDER'S SIGNATURE
DE LA TORRE, MIGUEL

STAR NO.
2699

UNIT 009 DISTRICT 9	WARRANT TYPE SEARCH WARRANT	WARRANT NO. [REDACTED]	ISSUED DATE 08-MAY-2015 18:28
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PART II - TO BE COMPLETED FOLLOWING SEARCH WARRANT EXECUTION

COUNTY COOK	RAID NUMBER	DECONFILCTION NO [REDACTED]	OPERATION NAME
LOCATION DESCRIPTION APARTMENT	SEARCH LOCATION ADDRESS [REDACTED]	BEAT OF OCCURRENCE 715	DISTRICT 007
SUBJECT'S NAME (LAST-MI FIRST) [REDACTED]	SEX MALE	RACE WHITE	DATE OF BIRTH I.R.No. [REDACTED]

COMMUNICATION OPERATIONS SECTION

NAME	AGENCY	STAR	EMP NO.	ASSIGNMENT TYPE
DE LA TORRE, ,MIGUEL	CPD	2699	[REDACTED]	NOTIFICATION AFTER ENTRY MADE BY
ANDERSON,T, JOHN	CPD	572	[REDACTED]	NOTIFICATION PRIOR TO ENTRY RECEIVED BY
DE LA TORRE, ,MIGUEL	CPD	2699	[REDACTED]	OEMC - NOTIFIED PRIOR TO ENTRY BY
ANDERSON, T, JOHN	CPD	572	[REDACTED]	UNIT COMMANDING OFFICER/WATCH COMMANDER
GIGLIO,S,ROBERT	CPD	2263	[REDACTED]	WATCH COMMANDER OF THE DISTRICT OF OCCUR
PD18,	NON-CPD OEMC		[REDACTED]	NOTIFICATION AFTER ENTRY RECEIVED BY

WARRANT EXECUTED ? WARRANT EXECUTED DATE
 NO YES 10-MAY-2015 12:00

ARREST MADE? NO PROPERTY RECOVERED? NO PREMISES TRAPS? NO
 ATTACK DOGS USED? YES APARTMENT BARRICADED? NO GUNS FOUND? NO

CASE INFORMATION TURNED OVER TO DRUG & GANG HOUSE PROSECUTION? NO
 ADDITIONAL INFORMATION (ANY UNUSUAL CHARACTERISTICS)

TRR COMPLETED

RECORD THE NAME AND STAR OF THE RECOVERING OFFICER, A DESCRIPTION OF THE ITEM(S) SEIZED AND
 THE LOCATION OF DISCOVERY FOR EACH DISTINCT SEIZURE

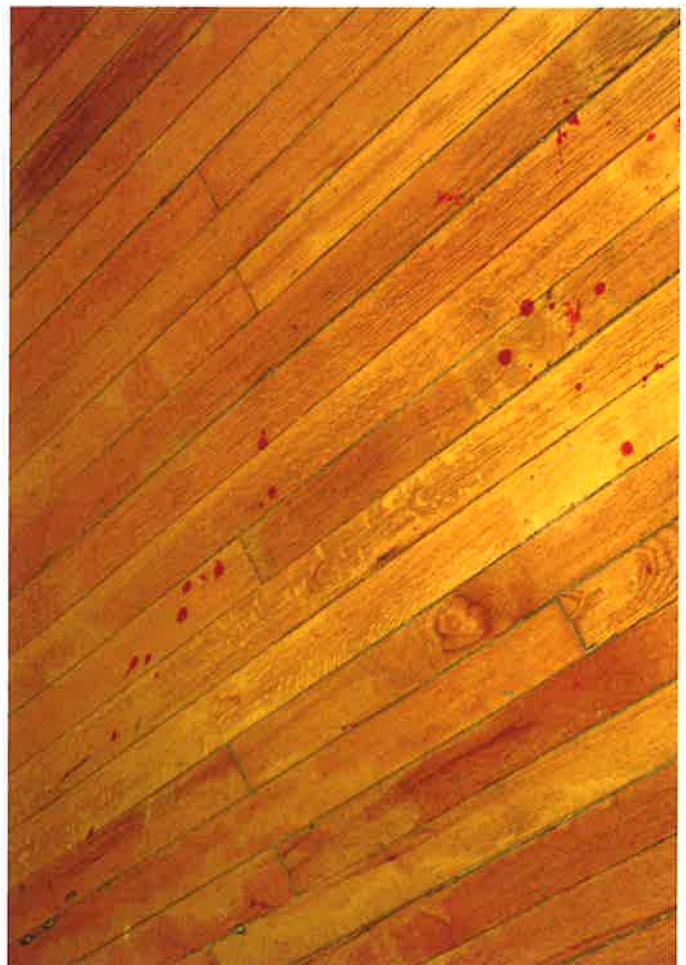
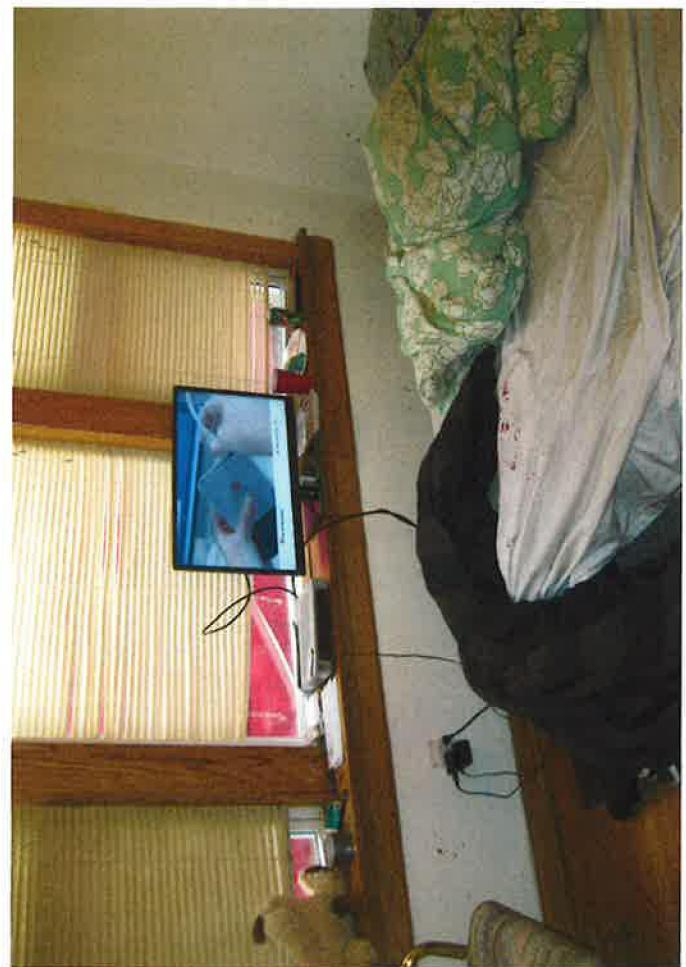
INVENTORY ID	ITEM ID	PROPERTY TYPE	QUANTITY	DESCRIPTION
[REDACTED]		OTHER	1	SEARCH WARRANT
		OTHER	1	DATA SHEET
		EXPENDED SHELL	1	9MM EXPENDED SHELL

WARRANT STATUS UNIT COMMANDING OFFICER'S/WATCH COMMANDER'S SIGNATURE STAR NO. DATE
 APPROVED-POST EXECUTION DE LA TORRE, MIGUEL 2699 10-MAY-15



CPD 0285634





CPD 0285636

BUREAU OF INTERNAL AFFAIRS
Investigations Division

10 May 2015
Log No. 1075100

TO: Juan J. RIVERA
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Division

ATTN: Lt. Gregory KLICHOWSKI – Commanding Officer
Investigations Division
Investigations South/Central

FROM: Sergeant Majed Assaf
Investigations Division
Investigations North

SUBJECT: Synoptic Report – Weapons Discharge (ANIMAL)

RESULTS: BrAC .000

REFERENCE: LOG No. 1075100
WD No. [REDACTED]

INCIDENT
LOCATION: [REDACTED]

DATE & TIME: 10 May 2015 at approximately 1200 hours

Commander: Commander Panepinto #6

INVOLVED MEMBER: Police Officer Kevin KILLEN
Star #6535; Employee [REDACTED] Unit 009
Date of appointment: 13 DEC 1999
DOB: [REDACTED]



OPERATOR

Assaf #1778

WITNESS

TEST LOCATION
3120 S Halsted (009 Dist)

BUREAU OF INTERNAL AFFAIRS
Investigations Division

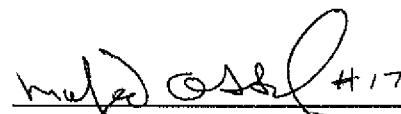
10 May 2015
Log No. 1075100

NARRATIVE:

R/Sgt received notification via CPIC Police Officer SCHNIER #12363 at 1214 hours on 10 MAY 2015 regarding a Firearm Discharge Incident in the 007th District.

R/Sgt arrived and began the 20 minute observation period of P/O Kevin KILLEN #6535 at 1354 hours. P/O KILLEN was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test for P/O KILLEN was conducted at 1416 hours and the BrAC was .000. The District Commander was notified of the results.

R/Sgt also collected the urine specimen of P/O KILLEN at 1400 hours.



Sergeant Majed Assaf #1778
Investigations Division
Investigations North

APPROVED:



Lt. Susan Clark – Commanding Officer
Investigations Division
Administrative Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Kevin Killen Title P/O
Star No. 6535 Employee No. [REDACTED] Unit 009

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>Kevin Killen</u>	Involved Member's Signature 	Date and Time <u>10 May 2015 1354</u>
--	---------------------------------	--

Type of Test: Alcohol	Location: <u>3120 S. Halsted (009th Dist)</u>	Date and Time: <u>10 May 2015 1416</u>
-----------------------	---	--

Type of Test: Drug	Location: <u>3120 S. Halsted (009th Dist)</u>	Date and Time: <u>10 May 2015 1400</u>
--------------------	---	--

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>M. Assaf #1778</u>	B.I.A. Supervisor's Signature 	Date and Time <u>10 May 2015 1430</u>
---	-----------------------------------	--

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by _____
 Employer Representative _____

Signature of Employer Representative

PART I - A. On the 10 day of MAY, 2015 at 2:00pm, KEVIN KILLEEN
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT MAJED ASSEF
(PRINT RECEIVING STAFF MEMBER'S NAME) and witnessed this member:

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

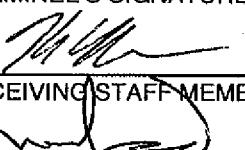
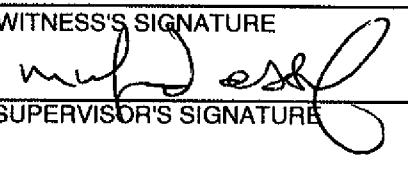
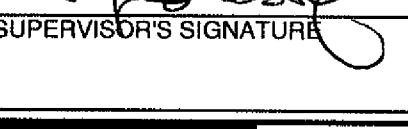
C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

A MAIN TEST VIAL - NO.	B ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE 	STAR/EMP NO. <u>6535</u>	WITNESS'S SIGNATURE 	STAR/EMP NO. <u>1778</u>
RECEIVING STAFF MEMBER'S SIGNATURE 	STAR/EMP NO. <u>1778</u>	SUPERVISOR'S SIGNATURE 	STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:


(STAFF MEMBER'S SIGNATURE), on 5/12/15, at 0630 (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____ was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER) and then delivered to _____, on _____, at _____ (LAB MEMBER) (DATE) (TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

 3M H/CHICAGO PLZCS- 9824
 3M DRUG TEST 3000 250
 3510 E 65TH 60633 002
 CHICAGO IL 60633
 PH 312-265-5053

FAX 312-265-0079

B. MRO Name, Address, Phone and Fax No. C. Donor SSN or Employee I.D. No. D. Donor Name: Last: First: E. Donor ID Verified: Photo ID Emp. Rep.F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

 49400N AMP 9-~~901~~ 100-1000-0000H. Collection Site Name: CHICAGO DRUG TESTCollection Site Code: Address: 3510 E 65TH 60633 002Collector Phone No.: 312-265-0079City, State and Zip: CHICAGO IL 60633Collector Fax No.: 312-265-0079

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

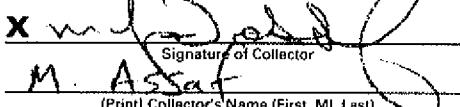
 Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.


 Signature of Collector
 M. Aspinwall
 (Print) Collector's Name (First, MI, Last)

 2:00 AM (PM)
 05/10/15
 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

 Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

Signature of Accessor

(Print) Accessor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

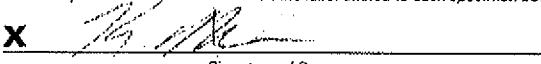
Primary Specimen Bottle Seal Intact

 Yes
 No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.


 Signature of Donor

 KIESEL KIESEL
 (PRINT) Donor's Name (First, MI, Last)

 05/10/15
 Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

 Date of Birth 12/31/76
 Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

 NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS


 Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

 RECONFIRMED FAILED TO RECONFIRM - REASON _____

 Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

 JESSE/MILITARY MEDICAL
 CONDUIT DRUG TEST & DMR
 2000 S. KELLY AVE. #9
 CHICAGO, IL 60654
 PH: 312-223-5823

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: Photo ID Emp. Rep. [REDACTED]F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) *Weapons Discharge*

G. Drug Tests to be Performed:

 1. Urine 2. Saliva 3. Blood

H. Collection Site Name: [REDACTED]

Collection Site Code: [REDACTED]

Address: [REDACTED]

Collector Phone No.: [REDACTED]

City, State and Zip: [REDACTED]

Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

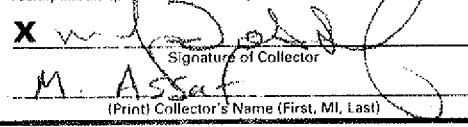
Specimen Collection:

 Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

 M. Assaf
 (Print) Collector's Name (First, MI, Last)

 AM
 2:00 PM
 Time of Collection
 05/10/15
 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

 Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessor

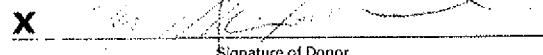
(Print) Accessor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact
 Yes
 No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

 (Print) Donor's Name (First, MI, Last)

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

OPERATOR
Ass aft 1778
WITNESS

TEST LOCATION
3120 S. Halsted (009)
Dist

Last Name: Killen

First Name: Kevin

Rank: PIO

Star #: 6535

Unit: 009

Home Zip Code:

Date Hired: 13 Dec 99

Birthdate:

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of MAY 2015 P.O.-SAE72A1 #19581

received a collected urine specimen from SGT. ASSAF #1778. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

The packaging was then opened by P.O.-SAE72A 19581 in the presence of SGT. ASSAF 1778. The following items were removed from the container:

Select One One tape-sealed vial labeled # [REDACTED] within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by P. Sae72A 19581 as witnessed by SGT ASSAF 1778

Specimen delivered by:

mal D. Selsky #1778

Signature

Received/stored by:

P. Sae72A 19581 #19581

Signature

EVIDENCE COLLECTION BAG

BUREAU OF INTERNAL AFFAIRS
CHICAGO POLICE DEPARTMENT

DIRECTIONS: PLACE SAMPLES IN BAG. REMOVE ADHESIVE AND CLOSE BAG TO ENSURE PERMANENT SEAL. THE B.I.A. MEMBER AND PERSON SUBMITTING THE SAMPLE WILL AFFIX THEIR SIGNATURES ON THE SEALED SECTION OF THE BAG AS EVIDENCE THAT THE BAG HAS BEEN PROPERLY SEALED.

DATE RECOVERED	TIME RECOVERED
10 May 15	1400 hours
LOCATION RECOVERED	LOG/C.R. NO.
3120 S. Halsted	1075100
RECORDS DIVISION NO.	WEAPONS DISCHARGE NO. U-NO.
—	—
PERSON SUBMITTING SAMPLE	STAR NO.
[REDACTED]	[REDACTED]
B.I.A. MEMBER COLLECTING SAMPLE	STAR NO.
M. Assaf	1778
REMARKS/ADDITIONAL INFORMATION	
one Quest Diagnostic bag containing Urine Sample (Vile A)	
one Urine sample (Vile B)	

EVIDENCE COLLECTION BAG

BUREAU OF INTERNAL AFFAIRS
CHICAGO POLICE DEPARTMENT

DIRECTIONS: PLACE SAMPLES IN BAG. REMOVE ADHESIVE AND CLOSE BAG TO ENSURE PERMANENT SEAL. THE B.I.A. MEMBER AND PERSON SUBMITTING THE SAMPLE WILL AFFIX THEIR SIGNATURES ON THE SEALED SECTION OF THE BAG AS EVIDENCE THAT THE BAG HAS BEEN PROPERLY SEALED.

DATE RECOVERED	TIME RECOVERED
10 May 15	1400 hours
LOCATION RECOVERED	LOG/C.R. NO.
3120 S. Halsted	1075100
RECORDS DIVISION NO.	WEAPONS DISCHARGE NO. U-NO.
—	—
PERSON SUBMITTING SAMPLE	STAR NO.
[REDACTED]	[REDACTED]
B.I.A. MEMBER COLLECTING SAMPLE	STAR NO.
M. Assaf	1778
REMARKS/ADDITIONAL INFORMATION	

one Quest Diagnostic bag containing Urine
Sample (Vial A)

one Urine sample (Vial B)

Last Name: Killen

First Name: Kevin

Rank: PIO

Star #: 6535

Unit: 009

Home Zip Code:

Date Hired: 13 Dec 99

Birthdate:

12 MAY 15



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name KEVIN KILLEEN	Involved Member's Signature 	Date and Time 10 May 2015 1354
Type of Test: Alcohol	Location: 3120 S. Halsted (009th Dist)	Date and Time: 10 May 2015 1416
Type of Test: Drug	Location: 3120 S. Halsted (009th Dist)	Date and Time: 10 May 2015 1400

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
M. Assaf #1778		10 May 2015 1430

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by _____

Employer Representative _____

Signature of Employer Representative

PART I - A. On the 10 day of MAY, 2015 at 2:00pm, KEVON KILLEEN
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT MATEO ASSEF
(PRINT RECEIVING STAFF MEMBER'S NAME) and witnessed this member:

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

A

MAIN TEST VIAL - NO.

B

ALTERNATE TEST VIAL - NO.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

18-0
(STAFF MEMBER'S SIGNATURE)

5/12/15
(DATE)

0630
(TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)

and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A. Employer Name, Address, I.D. No.

 333 N. CLARK ST., SUITE 500
 CHICAGO, IL 60601
 PH: 312-245-5053

B. MRO Name, Address, Phone and Fax No.

 333 N. CLARK ST., SUITE 500
 CHICAGO, IL 60601
 PH: 312-245-5053

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: Photo ID Emp. Rep.F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

A [REDACTED] B [REDACTED] C [REDACTED] D [REDACTED] E [REDACTED] F [REDACTED] G [REDACTED] H [REDACTED]

H. Collection Site Name: [REDACTED]

Collection Site Code: [REDACTED]

Address: [REDACTED]

Collector Phone No.: [REDACTED]

City, State and Zip: CHICAGO IL 60601

Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

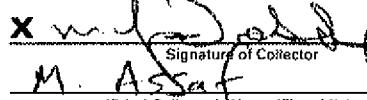
Specimen Collection:

 Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.


 Signature of Collector
 M. Assaf
 (Print) Collector's Name (First, MI, Last)

 2:00 AM (PM)
 05/10/15
 Date (Mo./Day/Yr.)
SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

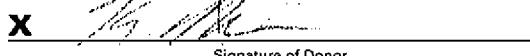
Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**
 Yes
 No, Enter Remark _____
SPECIMEN BOTTLE(S) RELEASED TO:**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.


 Signature of Donor

KEVIN KELLEY

05/10/15

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth 12/31/76

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

 NEGATIVE POSITIVE TEST CANCELLED
 DILUTE
 REFUSAL TO TEST BECAUSE:
 ADULTERATED SUBSTITUTED

REMARKS

X _____

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

 RECONFIRMED FAILED TO RECONFIRM - REASON _____

X _____

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of MAY 20¹⁵ P.O. SAE 72A1 #19581
received a collected urine specimen from SGT. AS SA-f #1278. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

41

118

The packaging was then opened by P.O. SAETTA 19581 in the presence of SGT. ASSAF 1778. The following items were removed from the container:

Select One One tape-sealed vial labeled # [REDACTED] within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

04

1

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by P. SAEZ PA 1981, as witnessed by SGT ASSA P 1778

Specimen delivered by:

- # 1778

Received/stored by:

Signature

1938 /



5/13/2015 11:27:56 AM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]

LAB REF NO: 410182T

COLLECTED: 5/10/2015 14:00

RECEIVED: 5/13/2015 06:58

REPORTED: 5/13/2015 11:39

DOCUMENT ID: [REDACTED]

CLIENT INFORMATION

USHW/CHICAGO POLICE DEPT

3510 S MICHIGAN AVE

CHICAGO, IL 60653

CSL: N/P

Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: 39409N

Integrity Checks		Acceptable Range	
CREATININE	82.6 mg/dL	>/= 20 mg/dL	
pH	4.6	4.5-8.9	
OXIDIZING ADULTERANTS		Negative	
Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSEM05

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR